



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E261506**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-01935
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	08 - 06 - 2013	TIME (2400)	1549	COUNTY #	31	MILES		CITY #	0664
		N	S	E	W	IN	OF		

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
MARKET PL.	BLOCK NO.	
	MILE POST	

DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	
		FEET		SR 9	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	D: 4253678356	N: 3603489897
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LAST NAME	CAYABYAB	FIRST NAME	JOSE	MIDDLE INITIAL	B
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STREET NEW ADDRESS	1201 10 ST
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CAYABJB188ON	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	-	15	-	1982
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ALS0935	STATE	WA	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1991	MAKE	FORD	MODEL	FESTIV	STYLE	3D	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	NO INSURANCE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 4253195132
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LAST NAME	DIMARCO JR	FIRST NAME	DINO	MIDDLE INITIAL	L
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STREET NEW ADDRESS	426 98TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982581642
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	DIMARDL273C5	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	02	-	25	-	1973
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	979VOM	STATE	WA	VIN#	1HGCM66817A001049
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	HOND	MODEL	ACD4D	STYLE	4T	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA CASUALTY 006201235C71016
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VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E261506**

CASE # **13-01935**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 1 was stopped behind Unit 2 and while being distracted by his passengers in the vehicle he pulled forward and struck Unit 2. Unit 2 was stopped for the traffic light. The driver of Unit 2 said that the driver of Unit 1 appeared to have been fighting with the passenger in the vehicle. All three passengers fled the scene after the collision. There were no injuries reported the Defendant was found to have a suspended license and no insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-06-13 05:14 PM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

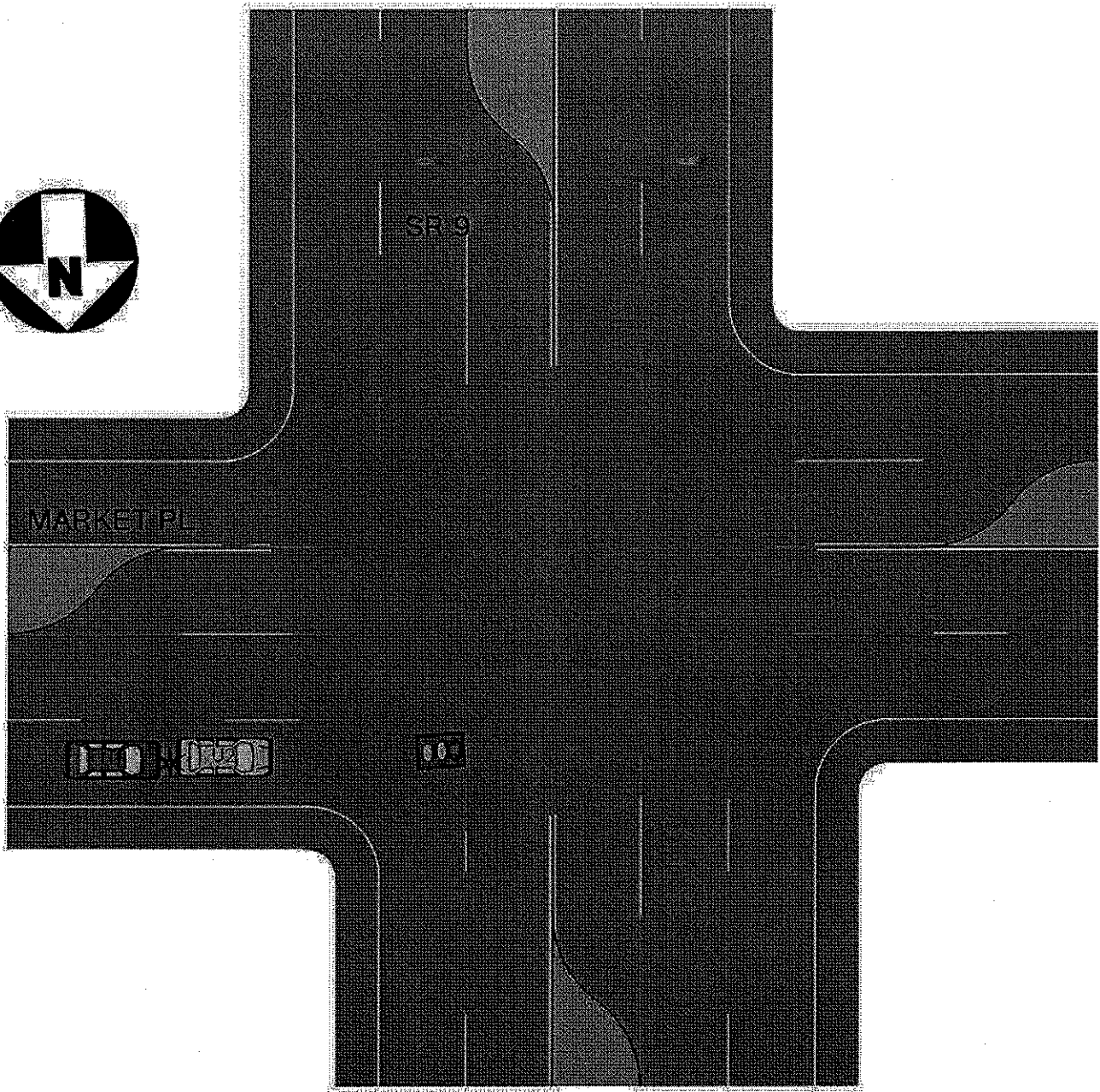
8/6/2013 5:16:44 PM

BADGE OR ID # **013**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:50 PM**

TIME POLICE ARRIVED **4:00 PM**



Case Numbers: \$SS13001935

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT
Src: T
Loc: MARKET PL/SR 9 NE ,LKS (V)

Loc Info: PULLED OVER ON MARKET, EOF
Name: DIMARCO DINO Addr: CEL Phone: 4253195132

/1549	(SP0141)	ENTRY		,CC 2 VEH NON-BLKNG, SIL HONDA ACCORD & RED OLD PC (DRIVER DOESNT HAVE LICENSE ON HIM)
/1549	(SP0100)	DISP	SS1910	#SS13 BROOKS,SGT (RON)
/1550		ENROUT	SS1910	
/1600	(SS13)	*ONSCNE	SS1910	
/1609		REMINQ	SS1910	MDTWANT,CAYABYAB,JOSE,B,091582,,,WA,,,,,,,,,,,,,
/1622	(SP0100)	\$PREMPT	SS1910	
/1623		DISPOS	SS1910	#SS13 BROOKS,SGT (RON)
/1625		ASNCAS	SS1910	\$SS13001935
/1636		CLEAR	SS1910	D/H
/1636		CLOSE	SS1910	